Louisiana Medicaid
Pain Management – Short-Acting Narcotic Analgesics

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request prior authorization for non-preferred short-acting narcotic analgesic agents.

Additional Point-of-Sale edits may apply.

*These agents may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*

Approval Criteria for Initial and Reauthorization Requests

- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
- **ONE** of the following is required and is stated on the request:
    - The recipient has had *treatment failure* with at least one preferred agent; **OR**
    - The recipient has had an *intolerable side effect* to at least one preferred agent; **OR**
    - The recipient has *documented contraindication(s)* to the preferred agents that are appropriate for the condition being treated; **OR**
    - There is *no preferred agent that is appropriate* to use for the condition being treated; **OR**
    - There is a *medical need for a non-preferred dosage form*; **OR**
    - The request is to *continue established therapy* (applies to *cancer diagnosis* only), and the prescriber states on the request that the recipient is *established on the medication;* **AND**
- By submitting the authorization request, the prescriber attests to the following:
    - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
    - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
    - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of Authorization Approval for Non-Preferred Short-Acting Narcotic Analgesics

Initial and reauthorization approval for cancer diagnosis: 12 months
Initial and reauthorization approval for non-cancer diagnosis for long-term care recipients: 6 months
Initial and reauthorization approval for non-cancer diagnosis: 4 months

References

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; https://www.clinicalkey.com/pharmacology/

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-Hill; https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861

Revision / Date	Implementation Date
Added Apadaz Point-of-Sale Edits and Exemptions to Criteria / October 2019	October 2019
Added Liquid Opioid Quantity Limit / November 2019	November 2019
Formatting changes, removed POS wording / April 2021	July 2021